

**Children with Medically Fragile Needs  
Policies and Procedures**

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**Service Chapter 585-05**

**North Dakota Department of Human Services  
600 East Boulevard Dept. 325  
Bismarck, ND 58505-0250**

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## **Children with Medically Fragile Needs 585-05**

### **Definitions 585-05-05**

**(Revised 12/1/08 ML #3159)**

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#### Abuse

The willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable child.

#### Activities of Daily Living

Tasks of a personal nature that are performed daily which involves such activities as bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding, mobility inside the home, and usual developmental tasks, such as play and social development.

#### Adult

All persons eighteen years of age and over are adults. Children who are adults should not be considered the responsibility of their parents, even if living in the same household.

#### Aide

A non-licensed caregiver who may or may not be certified as a Certified Nursing Assistance.

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### Applicant

An individual making application for services. An applicant may have a legal representative seeking services on behalf of the individual.

### Assistive Technology

A term that refers to devices, products, or equipment that enhance the ability of an individual with functional impairment(s) to engage in major life activities, actions, and tasks.

### Case Management Service

Case Management Service is the practice of providing specialized assistance to medically fragile children and families desiring and needing help in selecting and /or obtaining resources and services.

### Client

An individual who has met the eligibility criteria for services under the provision of this chapter.

### Competency Level

The skills and abilities required to complete a task or activity to an established standard.

### Covered Services

Services specified in the Department's approved Medicaid Waiver for Medically Fragile Children Services.

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### Department

The North Dakota Department of Human Services.

### Disabled

As defined by the Social Security Administration: the inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

### Environmental Modification

Physical adaptations to the home or vehicle necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home/community.

### Exploitation

The act or process of an individual using the income, assets, or person of a resident for monetary or personal benefit, profit, gain, or gratification.

### Family Caregiver

A Family Caregiver is a person who lives with or provides daily care to an eligible client.

### Fee Setting Authority

The North Dakota Department of Human Services.

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### Household

Individuals to be included in a household count if residing together, include the recipient/applicant of services, parents, children and stepchildren under the age of 18 of the parents, and any other individual that has been designated as a ward or dependent person of the parents by court order.

### Individual Case Plan

The document developed by a case manager and the client or legal representative specifying the frequency and intensity of each service to be received as an alternative to institutional care. Under the Medicaid Waiver for Medically Fragile Children Services, an interdisciplinary team will be involved in the development of the Case Plan for clients who receive the services.

### Informal Network

Family, neighbors, friends, church, and other private resources available to meet identified needs of a client.

### In-Home Support

In-Home Support is hands on care, of both a supportive and medical nature, to a client who is a medically fragile child. In-Home Support is an all-inclusive service that provides direct care to applicant and family to live as much like other families as possible.

### Institution

Institution means an establishment that makes available some treatment or services beyond food or shelter to five or more persons who are not related to the proprietor. N.D.C.C. 50-24.5-01(8).

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### Legal Representative

Someone who has been given power by law to represent another person.

### Level-of-Care Determination

A medical screening requested to determine eligibility for the Medicaid Waivers. The Department contracts with a utilization control management team to establish medical need.

### Medically Fragile Child

Child between the ages of 3 -18 years, who has a serious illness or condition which is anticipated to last at least 12 or more months, have medically intensive needs and prolonged dependency on medical care, including supervision, consultation, and monitoring by appropriately trained personnel including specially trained family members; may have a dependency on medical technology which requires use of devices to compensate for loss of bodily functions; and are at times medically stable but still may require skilled nursing care or specialized medical equipment and supplies to enhance or sustain their lives.

### Medically Fragile Children's Program Administration

A unit within the Department of Human Services' Medical Services Division. Medically Fragile Children's Program Administration includes the covered services of: Institutional Respite, Environmental Modification, Equipment and Supplies, In-Home Supports, Individual and Family Counseling, Nutritional Supplements, and Transportation.



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### Medical Services Division

A Division within the Department of Human Services with administrative and programmatic responsibility for the Children's Medicaid Waiver.

### Medicaid Waiver

A federal program specifically provided for by Federal law enabling states to deliver, under waiver of several Medicaid requirements, services to aged and disabled persons at risk of institutionalization.

### Monitoring

Overseeing and periodically reviewing the client's progress, condition, and the quality and quantity of services provided.

### Neglect

The failure of an individual to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

### Nursing Facility (Long Term Care Facility)

A facility licensed by the North Dakota Department of Health and Consolidated Laboratories to provide residential nursing and medical care.

### Parent

A child's adoptive or biological mother, or father, or stepparent who has legal responsibility for a child.

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### Physical Injury

Damage to bodily tissue which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.

### Primary Caregiver

The responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization.

### Primary Residence

Applicants and family's occupied home, that is their main place of residence.

### Sexual Abuse

Conduct directed against a resident which constitutes any of those sex offenses defined in N.D.C.C. 12.1-20-02, 12.1-20-03, 12-1.20-04, 12.1-20-05, 12.1-20-06.

### Social History

Components of Social History include: Demographics, Who lives in the Home, Health History, Family Structure, Coping Mechanisms, Support System, Educational and Employment History, Behavior/Psychological/Social Information, Financial Resources, Identification of Service Need, and Outcome of Services Provision.

### Specialized Equipment and Supplies

Specialized equipment and supplies to include devices, controls, or appliances, specified in the case plan, which enable recipients to increase their abilities to perform activities of daily living, or to

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perceive, control, or communicate with the environment in which they live.

### Standard

A level of quality or excellence that is accepted as the norm for a specific task.

### Structural Changes

Structural changes refers to alterations of the recipient's residence to accommodate specialized equipment or changes in design to facilitate self care.

### Willfully

Intentionally, knowingly, or recklessly.

## **Legal Reference/Authority 585-05-10**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

The legal references and authority for the Medically Fragile Children program (funding sources and services) administered by the Medically Fragile Children Program Administration are as follows:

1. Medically Fragile Children (Programs)

- a. Medicaid Waivers

The legal authority for the Medicaid Waiver is Section 1915(c) of the Social Security Act.

The Medicaid Waiver is governed by the rules and regulations set forth in 42 CFR, Parts 431, 435, 440, and 441 as amended. For the Medicaid Waiver, see North Dakota Administrative Code (N.D.A.C.) 75-03-23.

Section 50-24.1-04 of the North Dakota Century Codes designates the North Dakota Department of Human Services as the single state agency responsible for administering the state's Medicaid Program. The Medical Services Division is primarily responsible for the waiver program that is administered by the Medical Services Division.

- b. Service Payments for Children with Medically Fragile Needs

The Department of Human Services has contracted with a Fiscal Agent - to assist with payment to families and billing of Medicaid Waiver.

**Purpose of Children's Medicaid Waiver 585-05-15**  
**(Revised 12/1/08 ML #3159)**[View Archives](#)

The purpose of this waiver is to provide assistance for families who require long term supports and services to maintain their medically fragile child in the family home setting while meeting their child's unique medical needs. Medically fragile children have a serious illness or condition which is anticipated to last at least 12 or more months; have medically intensive needs and prolonged dependency on medical care, including supervision, consultation and monitoring by appropriately trained personnel including specially trained family members; may have a dependency on medical technology which requires use of devices to compensate for loss of bodily function; and are at times medically stable but still may require skilled nursing care or specialized medical equipment and supplies to enhance or sustain their lives. This waiver will reduce and prevent skilled nursing facility placements for children who are Medically Fragile:

1. assisting the primary caregiver in meeting their child's unique ongoing needs when the primary caregiver is present or by providing temporary respite,
2. supporting families in identifying and accessing community resources, and
3. assisting families in meeting the excess financial burden associated with their child's medical needs.

## **Funding Sources 585-05-20**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

In order for services to be payable under the provisions of the Children with Medically Fragile Needs Waiver, the person receiving the service must meet all of the following:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Between the ages of 3 to 18th birthday and be Medically Fragile.
3. Eligible to receive care in a skilled nursing facility.
4. Participate to the best of their ability or by representation from their Legally Responsible Caregiver in a comprehensive assessment to determine what services are needed and the feasibility of receiving home and community-based services as an alternative to institutional care.
5. Have an Individual Case Plan, developed and approved by the applicant/client or legal representative and family's team that adequately meets the health, safety, and personal care needs of the recipient.
6. Voluntarily choose to participate in the home based program after discussion of available options. This is documented by completion of Explanation of Client Choice.
7. Living environment must be with a legally responsible caregiver.
8. A waiver service (not including Case Management) must occur at least on a quarterly basis.
9. Not eligible for and/or receiving services through other Medicaid Waivers.

**Eligibility Criteria 585-05-25****(Revised 2/1/11 ML #3260)**[View Archives](#)

In order for services to be payable under the provisions of the Children with Medically Fragile Needs Waiver, the person receiving the service must meet all of the following:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Between the ages of 3 to 18th birthday and be Medically Fragile.
3. Eligible to receive care in a skilled nursing facility (Level of Care).
4. Participate to the best of their ability or by representation from their Legally Responsible Caregiver in a comprehensive assessment to determine what services are needed and the feasibility of receiving home and community-based services as an alternative to institutional care.
5. Receives a score of 30 or above on "Level of Need" determination, from their primary physician and Family Viewpoint.
6. Have an Individual Case Plan, developed and approved by the applicant/client or legal representative and family's team that adequately meets the health, safety, and personal care needs of the recipient.
7. Voluntarily choose to participate in the home based program after discussion of available options. This is documented by completion of Explanation of Client Choice.
8. Service/care is delivered in the recipient's private family dwelling (house or apartment).
9. A waiver service (not including Case Management) must occur at least on a quarterly basis.

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10. Not eligible for and/or receiving services through other Medicaid Waivers.
11. Payments that are in excess of what is authorized or are unallowable are recouped from the family by the Fiscal Agent.
12. Only 15 individuals will be allowed on the Waiver at a time. If more than the 15 are applying a waiting list will be maintained by the Program Manager.

### Eligibility Criteria for Staying on Waiver:

1. Continue to be a recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Continue to meet Level of Care – annually.
3. Continue to meet Level of Need – annually. (requires a score of at least 30)
4. A waiver service (not including Case Management) must occur at least on a quarterly basis.

### Eligibility Criteria for Waiting List:

If there is a waiting list the following criteria will be implemented.

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Eligible to receive care in a skilled nursing facility; Level of Care.
3. Child can be placed on waiting list at 2.9 months BUT - will not receive services until the age of 3, if an opening on the waiver occurs and if their score on Level of Need is the highest. Level of Care and Level of Need can be completed after 2.7 months of age. The child's application date would be 2.9 month date.
4. Completion of Level of Need - the highest level of need score for child will be recorded.
5. Earliest application date.



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6. A child can be placed on the waiting list up until their 18th birthday.

The Medically Fragile Children's Program Manager will be responsible for the maintenance of list and for notification to families as to placement on waiver, quarterly.

Once opening on Waiver, is determined, applicant with the highest Level of Need will be contacted by Program Manager and another Level of Care/Level of Need will be completed. This will ensure family is still eligible for services. Upon successful completion and determination, family will be introduced to a DD Program Manager for assistance with completion of Case Plan.

## **Covered Services 585-05-30**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

Payment from Children with Medically Fragile Needs Waiver is available only for the provision of covered services to eligible recipients. The covered services must be specifically identified in the client's Case Plan as necessary to avoid institutionalization. The services must be provided in accordance with the policies and procedures set forth for the respective sections of this service manual.

**Case Management 585-05-30-05****(Revised 12/1/08 ML #3159)**[View Archives](#)Purpose:

This service would assist the individual/family by providing information, referral, and support to them. Case Management services would provide a variety of activities such as intake, case planning, on-going monitoring and review of supports and services to promote quality and outcomes, and planning for and implementing changes in supports and services and right of appeal. This service would assure that support for individual/family requests fall within the scope of programs, while promoting reasonable health and safety. Case Management services would assist in the coordination of identifying multiple services both formal and informal, along with obtaining/ applying for identified services. This service would ensure goals and needs are being met by meeting with the individual/family at least quarterly to review case plan and assure supports are successful in reaching the goals of the family.

Case Management service would ensure the review of rights are signed to include the assurance of family being informed of their rights and to document the choice of services for individuals requesting a HCBS waiver verses Institutional care.

Case Management services would meet face to face with individual/family at least quarterly; this would include:

1. Review of progress,
2. Satisfaction with services,
3. Identify barriers, and
4. Discuss an action plan to resolve outstanding issues.

Case Management services may consist of phone calls or accompanying consumer to supports agency assisting with

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completing paperwork and any other assistance identified in case plan.

Case Management service would be able to assist in crisis intervention services to include emergency planning.

Case Management would also provide emotional support and assistance to problem solving as needed.

Case Management could also assist / participate in individual educational planning (IEP) process.

Case Management would support/ educate families regarding their role and responsibility on self directing their child's services.

Case Management would assist/participate in meeting with medical care professionals and getting needs met to include but not be limited to coordination of services, support medical needs/medical management, transition to adult health care providers/systems.

Case Management Services are not to be considered as a monthly service to remain on the waiver.

### Service Eligibility, Criteria for

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. The eligible child must be living with a legally responsible caregiver.

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### Limits:

Case Management services will not count towards waiver requirements of receiving one waiver services per quarter.

Case Management services will forward family questions/ need for information and /or training needs regarding medical conditions or health care management to the Program Manager to address.

### Service Activities:

1. Assist the individual /family by providing information, referral, and support to them.
2. Would provide a variety of activities such as intake, case planning, on-going monitoring and review of supports and services to promote quality and outcomes, and planning for and implementing changes in supports and services and right of appeal.
3. Would assure that support for individual/family requests fall within the scope of programs, while promoting reasonable health and safety.
4. Would assist in the coordination of identifying multiple services both formal and informal, along with obtaining/ applying for identified services.
5. Would ensure goals and needs are being met by meeting with the individual/family at least quarterly to review case plan and assure supports are successful in reaching the goals of the family.
6. Would ensure the review of rights are signed to include the assurance of family being informed of their rights and
7. To document the choice of services for individuals requesting a HCBS waiver vs institutional care.
8. Meet face to face with individual/family at least quarterly; this would include:
  - a. review of progress,
  - b. satisfaction with services,
  - c. identify barriers, and

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- d. discuss an action plan to resolve outstanding issues.
- 9. Other interactions may consist of phone calls or accompanying consumer to supports agency assisting with completing paperwork and any other assistance identified in case plan.
- 10. Would be able to assist in crisis intervention services to include emergency planning.
- 11. Would provide emotional support and assistance to problem solving as needed.
- 12. Could also assist/participate in individual educational planning (IEP) process.
- 13. Case Management would support/ educate families regarding their role and responsibility on self directing their child's services.

**Institutional Respite 585-05-30-10****(Revised 12/1/08 ML #3159)**[View Archives](#)Purpose:

Institutional Respite is to provide temporary relief to the eligible consumer's legally responsible caregiver from the stresses and demands associated with having a child that is medically fragile. Institutional Respite is provided in a nursing facility or hospital which is capable of meeting the child's unique medical needs while assuring their health and welfare.

Service Eligibility, Criteria for:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. Must be a Nursing Facility and/or Hospital, licensed to operate in ND by Department of Health. Must be a certified Medicaid provider.
4. Approval obtained through Program Manager.

Service Activities:

1. Case Plan will reflect families need for respite at a Nursing facility or Hospital setting for applicant.
2. Parents with assistance of Case Plan Team will develop payment agreement, to include time and length with local nursing home or hospital. Cost will be within waiver caps.

*Agreement might look at what family can bring from home to lower the initial cost of care. ie: personal medications (if able), medical supplies already purchased for child, nutritional supplements.*

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### Limitations:

Length of stay will not exceed 14 consecutive days. Being that care is intermittent, the child's is in the facility for brief periods of time. Child primary residence remains their family home.



## **Environmental Modification 585-05-30-15** **(Revised 12/1/08 ML #3159)**

[View Archives](#)

### Purpose:

The purpose of Environmental Modification Service is to modify a recipient's home and or vehicle to enhance the recipient's ability to function as independently as possible in the home.

### Service Eligibility, Criteria for Home:

The individual receiving Environmental Modification Service must meet the following service eligibility criteria:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. The recipient legally responsible caregiver must own the home prior to application.
4. The individual has a need for a safer and/or adapted environment in which to live, such as the installation of grab bars in the individual's bathroom.
5. The home must be structurally sound.
6. The home modification must directly facilitate the applicant's/recipient's ability to complete his/her own cares independently or to receive care. It must be evident that without the home modifications, adequate care or the ability to perform self or environmental care is not possible.
7. The benefit outcome of the home modifications must be proportionate to the cost.
8. The modifications will be directed by and the responsibility of the legally responsible caregiver.

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9. Modifications must meet all ADA and local permit and safety inspection requirements.

### Service Activities:

Case plan will be developed by Legally Responsible Caregiver and Team to reflect need of environmental modification.

Modifications are supervised by Legally Responsible Caregiver; to include but not be limited to: obtaining materials, workers and any needed permits.

### Limits:

Modifications are not for routine home maintenance, (such as carpeting and/or floor repair, plumbing repair, roof repair, central air conditioning, appliance repair, electrical repair, etc.) but are to promote independence. Adaptations, which add to the total square footage of the home, are not allowed. All services shall be provided in accordance with applicable state and local building codes.

Modifications that cannot be moved to a new location are limited to the home owned by the family.

Modifications that can be removed will be the responsibility of the Legally Responsible Caregiver to relocate to the new dwelling.

### Environmental Modification, Scope of Home:

The modifications to the home allowed within the scope of this service must be of direct and substantial benefit to the applicant's/recipient's need to perform self care or receive care from others that cannot be met by the current physical characteristic of a part of the home.

Examples of allowable home modifications include but may not be limited to the following:

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1. Labor and materials to widen doorways to accommodate wheelchair.
2. Labor and materials to install a wheelchair ramp when structural changes to the house are required.
3. Labor and materials to install or relocate plumbing and/or electrical systems to accommodate specialized equipment.
4. Labor and materials to modify a bathroom, including installation or relocation of fixtures to accommodate the individual's personal care needs.
5. Adaptations may include the installation of ramps, and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, modifications of floor surfaces which are necessary to accommodate the medical equipment and supplies and necessary for the welfare of the recipient.

### Service Eligibility, Criteria for Vehicle:

The individual receiving Environmental Modification Service must meet the following service eligibility criteria:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. The recipient legally responsible caregiver must own the Vehicle prior to application.
4. The individual has a need for a safer and/or adapted environment in which to be transported in.
5. The vehicle must be structurally sound.
6. The vehicle modification must directly facilitate the applicant's/recipient's ability to complete his/her own cares independently or to receive care. It must be evident that without the vehicle modifications, adequate care or the ability to perform self or environmental care is not possible.
7. The benefit outcome of the vehicle modifications must be proportionate to the cost.

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8. Physical adaptations to the vehicle required which are necessary and without which, the recipient would require institutionalization.
9. The modifications will be directed by and the responsibility of the legally responsible caregiver.
10. Modifications must meet all manufacturers installation specifications.

### Service Activities:

Case Plan will reflect need to modify family vehicle.

Legally Responsible Caregiver will arrange for modification to be completed.

### Limits:

1. Vehicle must be owned by applicants Legally Responsible Caregiver.
2. Vehicle must be licensed in North Dakota.
3. Vehicle must have minimum insurance coverage required by ND state law.
4. Modifications must meet all manufacturers installation specifications.

### Environmental Modification, Scope of Vehicle:

The modifications to the vehicle allowed within the scope of this service must be of direct and substantial benefit to the applicant's/recipient's need to perform self care or receive care from others that cannot be met by the current physical characteristic of the vehicle.

Examples of allowable vehicle modifications include but may not be limited to the following:

- Chair lift.
- Interior modifications to allow space for equipment.

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- Interior tie downs to secure Chair and or equipment.

### Materials Authorized for Purchase:

The materials authorized for purchase must be directly related to the health and safety of the client.

## **Equipment and Supplies 585-05-30-20**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

### Purpose:

Specialized Equipment and Supplies Service includes the purchase of equipment and supplies that will facilitate or promote a recipient's independent functioning within his or her home. Equipment and supplies not covered through the state plan such as adaptive items for daily living, environmental control items, personal care items, personal computers, alarms or alert items.

### Service Eligibility, Criteria for:

The individual receiving Specialized Equipment and Supplies Services must meet the following criteria:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. The equipment purchased is of significant benefit to the applicant/recipient in the performance of personal cares and/or household tasks in their home.
4. The equipment is a non-covered item under the Title XIX State Medicaid Plan or unavailable through other funding sources. (school)
5. The supplies are in excess of the state plan limits.
6. Legally Responsible Caregiver will be responsible for the purchase and implementation of equipment and supplies for child, to be maintained within Waiver budget for family.

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### Limits:

The costs are limited to what is budgeted per person for Specialized Equipment and Supplies in the federally approved Medicaid Waiver.

### Specialized Equipment and Supplies, Scope of:

The products covered under this Service Chapter are products that are not covered under the Title XIX Medicaid State Plan. Examples of such specialized equipment and supplies may include but are not limited to the following:

1. Kid Carts
2. modifications to existing equipment
3. adaptive car seats
4. tumble chairs
5. alternative power sources
6. clothing modification
7. disposable wipes or items in excess of state plan limits.

### Specialized Equipment and Supplies, Delivery of:

When it has been determined that a specific item(s) (applicable to this service chapter) will be of benefit to the applicant/recipient, the following procedure is followed:

1. Legally Responsible Caregiver and Team will identify the need for additional equipment and or supplies to assist in maintaining child in the home, within the Case Plan.
2. The Legally Responsible Caregiver will contact a supplier of the specialized equipment and/or supplies.
3. The Legally Responsible Caregiver will be responsible to arrange for or provide any instruction the recipient may need to use the specialized equipment.
4. Fiscal agent will send monthly spend down reports to the Legally Responsible Caregiver, by mail.

**In-Home Support 585-05-30-25****(Revised 12/1/08 ML #3159)**[View Archives](#)Purpose:

In-Home supports (IHS) enable a child who has a serious chronic medical condition to remain in and be supported in their family home and community. IHS is intended to support both the eligible child and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. The eligible child must be living with a legally responsible caregiver.
4. In-Home Support hired by the Legally Responsible Caregiver and/or Family Support Service Agency
  - a. Must agree to a background check – worker cannot work more than 60 days without the completion of a background check.
  - b. Must agree to a abuse registry screening - worker cannot work more than 60 days without the completion of a background check.
  - c. Must be over the age of 18 years old.
5. Agency providing In- Home Support must meet NDAC 75-04-01 to become a licensed Family Support Provider.



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### Service Activities:

1. IHS benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.
2. The primary care giver is supported in meeting the needs of their child within the routines of their family home and community:
  - a. Training as identified in the Case Plan;
  - b. Physical or verbal assistance to complete activities such as eating, drinking, toileting and physical functioning; improving and maintaining mobility and physical functioning; maintaining health and personal safety; carrying out household chores, and preparation of snack; and meals; communicating, including use of assistive technology; learning to make choices, to show preference, and to have opportunities for satisfying those interests; developing and maintaining personal relationships; pursuing interests and enhancing competencies and activities.
3. IHS is also available to provide the primary care giver temporary relief from the demands of supporting their family member with a serious chronic medical condition.
4. The eligible client will be supported in the home by staff hired by the family excluding legally responsible persons or individuals living in the same home as the consumer.
5. The eligible client may also be supported in the home of the staff member hired by the Legally Responsible Caregiver if the staff members home meet foster care licensure standards.(home study completed only)
6. The In-Home Support providers, who are co-employers must be licensed as required in NDAC 75-04-01, annually.
7. Legally Responsible Caregiver may elect through co-employer to select different staff to work in their home.

## **Individual and Family Counseling 585-05-30-30** **(Revised 12/1/08 ML #3159)**

[View Archives](#)

### Purpose:

Individual and /or family counseling to address needs related to the stress associated with the child's extraordinary medical needs which will support the continued integration of the child in their home and community.

### Service Eligibility, Criteria for:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. Service is not available through the Medicaid State Plan.
4. Counselor must be any of the following: Licensed Independent Clinical Social Worker.
5. Counselor must be licensed to practice their profession.
6. Legally Responsible Caregiver will find a counselor they are comfortable with and who is Medicaid reimbursable.

### Service Activity:

Legally Responsible Caregiver and Team would identify need on Case Plan.

1. The waiver would support individual and/ or family counseling when the eligible client is not involved in the counseling session.
2. Counseling is not provided by a Psychiatrist or Psychologist.

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### Limited Service Activities:

1. If the eligible client is present the state plan would cover the services.
2. If the counseling is provided by a Psychiatrist or a Licensed Psychologist and the eligible client is absent the state plan would cover the service.

## **Dietary Supplements 585-05-30-35**

### **(Revised 12/1/08 ML #3159)**

[View Archives](#)

#### Purpose:

When the child receives less than 51 percent of their nutritional intake from supplements or the supplement is disease specific.

#### Service Eligibility, Criteria for:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. Approval through the Program Manager – Case Plan.
4. Supplements are supplied by a Pharmacy, DME vender, or other business that supplies product needed.

#### Limits:

1. These supplements are products formulated to be consumed or administered to supplement oral intake as part of the overall medical management of a condition or disease.
2. This would include supplements obtained through a feeding tube.
3. Distinctive nutritional requirements based on recognized scientific principles are established by a medical evaluation.
4. These supplements could also be used to produce therapeutic reactions to ameliorate or enhance the rate of recovery of certain conditions.
5. This service would not support products such as herbs, botanicals or products where little or no scientific basis has been established, or those not prescribed for the specific

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dietary management of a disease or condition with distinctive nutritional requirements.

**Transportation 585-05-30-40**  
**(Revised 12/1/08 ML #3159)**

[View Archives](#)

Purpose:

To enable individual to access essential community resources or services in order to maintain themselves in their home and community.

Eligible Criteria, for:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children with Medically Fragile Needs Waiver.
3. Approval through the Program Manager – Case plan.
4. Mileage could be reimbursed to parents of minor children for approved in and out of state travel.
5. Per diem will be reimbursed only for out of state travel not approved through the state plan, but approved in the individual waiver budget. (reimbursement will not exceed state rates)
6. The driver must have a valid driver's license, by state law.
7. Must show proof of minimum insurance coverage required by state law.

Limits to Service:

- a. Service tasks would not include transporting clients to/from work or school nor to facilitate socialization, or to participate in recreational activities.
- b. Transportation can assist with the possible but not limited to: high cost of transporting with specialty

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vehicle, or when limitations of freedom of choice occurs due to the rural environment/limitations of choice to specialty doctors.

- c. Families would be able to use this service if private insurance is covering the medical cost with family paying any additional payments or when Medicaid is not covering the medical service under the state plan.

## **Maximum Amount Per Family 585-05-35**

**(Revised 2/1/11 ML #3260)**

[View Archives](#)

Based on the needs of the child and family, up to \$18,966.00 of waiver services may be authorized per year.

The family and team determine which authorized waiver service(s) would best assist the child in remaining home and or increasing their independence.

A waiver service (not including Case Management) must occur at least on a quarterly basis.

Once the family has maximized the authorized amount of services (\$18,966.00) prior to the beginning of the fourth quarter within the state fiscal year (April 1), they are no longer eligible for the Waiver. If families wish to reapply for waiver services they must wait until the next fiscal year of July 1st and must reapply after their anniversary date of placement on waiver.

### Extraordinary Costs/Exceed Monthly Aggregate or Service Maximum:

This policy provides for additional dollars that may be needed because of a client's special or unique circumstances that warrant a temporary exception of Department policy. **IT IS TIME LIMITED.**

When an individual exceeds the allotted amount for services and there is a change in the participant's condition or circumstances post entrance to the waiver that requires the provision of services in an amount that exceeds the cost limits in order to assure the participant's health and welfare, the State has established the following safeguard to avoid an adverse impact on the participant:

- The participant is referred to another waiver that can accommodate the individual's needs.



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- Additional services in excess of the individual cost limit may be authorized.
- Request for short term exceptions will be reviewed at the Central Office and may be granted quarterly if additional supports will prevent long term out of home placements in nursing facilities and funding is available within the Waiver budget.

### Service Limits:

- Length of time for additional funds –if available and appropriate – will be only for three months.
- A team meeting must occur with Program Manager present – to discuss need and health and safety risk prior to approval.
- Program Manager will initiate contact with DD Program Manager monthly to monitor progress and to determine if client continues to meet waiver.

## **Terminations/Denials of Services 585-05-40** **(Revised 2/1/11 ML #3260)**

[View Archives](#)

### Closure:

#### Reason for:

1. Family has reached the allowable amount of Waiver services. (\$18,966.00)
2. Family is not using a waiver service quarterly.
3. Family is not following through with developed Case Plan. ie. Not meeting quarterly, not following through with goals.
4. All task/goals on Case Plan have been accomplished.
5. No longer meet the eligibility requirements:
  - a. Does not pass Level of Care.
  - b. Does not receive at least a 30 on Level of Need and Family Viewpoint.
  - c. Is no longer eligible for Medicaid.
6. Unable to assure health and safety of eligible consumer.

### Denial:

A denial to waiver services will occur if any of the following is true.

1. Child is not eligible for Medicaid.
2. Child does not pass the screening for Level of Care.
3. Child does not acquire a score of 30 or above on the Level of Need and Family Viewpoint.
4. Waiver services are not appropriate to meet the needs of eligible consumer.
5. Unable to assure health and safety of eligible consumer.

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### Appeal:

A Legally Responsible Caregiver has the right to appeal either the decision to terminate or deny services.

## **Placement on Waiver 585-05-45**

**(Revised 2/1/11 ML #3260)**

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An Individual will be assigned a slot on the Waiver (once available) if they meet the following:

- Level of Care
- Level of Need and Family Viewpoint score of 30 or above
- Family decides to accept Home Based vs Institutional Care for their child.
- Family agrees to the Parent Directed model of care.

Program Manager will determine placement on waiver. Once opening is available the Individual who meets Level of Care and has the highest Level of Need score with the earliest application date will be offered waiver services.

If the Legally Responsible Caregiver agreed to a DD Program Manager then the Program Manager will contact the DD Program Manager Supervisor.

Program Manager will contact DD Program Manager and Family and set up an initial Case Plan meeting.

After DD Program Manager has been assigned it will be up to the team whether or not to continue having Program Manager attend future meetings.

**Waiting List 585-05-50**  
**(Revised 12/1/08 ML #3159)**  
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A waiting list will be maintained by the Program Manager after 15 individuals have been identified for the waiver.

The Waiting List will have:

- Name/Application Date/Level of Care Date/Level of Need Score/Age and Location of Child.

As an opening on the Waiver occurs:

- The individual, who meets the Level of Care criteria and has the highest Level of Need score with the earliest application date and in need of a waiver service, will be offered the available slot.

Program Manager will insure those individuals remaining on the waiting list continue to qualify for the waiver by completing yearly Level of Care.

## **Re-applying to Waiver 585-05-55**

**(Revised 12/1/08 ML #3159)**

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Once the family has maximized the authorized amount for services (\$18,966.00) within the service year, they are no longer eligible for the Waiver, and must reapply after their anniversary date of placement on waiver.

To re-apply:

- Individual/ Family must contact Program Manager after anniversary date of initial placement, complete and maintain qualifying criteria for Level of Care and Level of Need.
- Program Manager will place Individual/ Family on waiting list using reapplying date as the application date.

## **Roles and Responsibilities 585-05-60**

### **Program Manager 585-05-60-05**

**(Revised 2/1/11 ML #3260)**

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1. Develop/distribute material regarding the program.
2. Conduct presentations to interested groups regarding program.
3. Answer questions from families and other concerning the program.
4. Develop and maintain policy and procedures manual.
5. Complete application with applicant/legal responsible caregiver.
6. Complete Level of Care with applicant/legal responsible caregiver.
7. Assist in the obtaining and completion of Level of Need.
8. Maintain waiting list for program.
9. Determine eligible applicant to receive waiver service if opening occurs.
10. Contact applicant/legal responsible caregiver regarding waiting list and or placement on waiver.
11. Notify applicant/legal responsible caregiver of status of application, annually if on waiting list, their right to apply and assist family in identifying other supports that may meet their needs.
12. Complete intake process/enter into Therap.
13. Refer to local DD Program Manager and introduce family to the assigned DD Program Manager.
14. Monitor overall spending.

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15. Address families' questions/ needs for information and or training needs regarding medical conditions or health care management issues.
16. Review QER's and assist in resolving and remaining issues.
17. Complete Annual Level of Care and Level of Need process for consumers receiving waiver services.
18. Conduct consumer satisfaction and program impact surveys.
19. Participate in Task Force addressing needs of children with Medically Fragile conditions.
20. Explain/educate applicant/legal responsible caregiver on how to self direct their child's services.
21. Participate as a team member as long as applicant/legal responsible caregiver and DD Program Manager requests.
22. Review and approve authorizations, amendments and step downs as needed.
23. Complete needs on Therap.



**Regional DD Program Managers 585-05-60-10**

**(Revised 2/1/11 ML #3260)**

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1. Recommend budget needs for next biennium.
2. Assign DD Program Managers to qualified families.
3. Complete Authorization of services.

## **Case Manager 585-05-60-15**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

### Roles and Responsibilities Service Activities:

1. Assist the individual/family by providing information, referral, and support to them.
2. Would provide a variety of activities such as case planning, on-going monitoring and review of supports and services to promote quality and outcomes, and planning for and implementing changes in supports and services and right of appeal.
3. Would assure that support for individual/family requests fall within the scope of programs, while promoting reasonable health and safety.
4. Would assist in the coordination of identifying multiple services both formal and informal, along with obtaining/ applying for identified services.
5. Would ensure goals and needs are being met by meeting with the individual/family at least every 90 days to review case plan and assure supports are successful in reaching the goals of the family. (include emergency backup plan)
6. Would ensure the review of rights are signed to include the assurance of family being informed of their rights and (on top of case plan).
7. To document the choice of services for individuals requesting a HCBS waiver verses Institutional care. (on top of case plan)
8. Meet face to face with individual/family at least every 90 days; this would include:
  - a. review of progress,
  - b. satisfaction with services,
  - c. identify barriers,
  - d. discuss an action plan to resolve outstanding issues, and

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- e. provide emotional support and assistance to problem solving as needed.
- 9. If family is receive service quarterly CM must contact family monthly.
- 10. Other interactions may consist of phone calls or accompanying consumer to supports agency assisting with completing paperwork and any other assistance identified in case plan.
- 11. Attend/participate in individual educational planning (IEP) if invited by legally responsible caregiver.
- 12. Case Management would support/educate families regarding their role and responsibility on self directing their child's services. (condensed maroon manual)
- 13. Complete and distribute quality Enhancement Reviews(QER'S).
- 14. Enter authorizations, amendments and step ons as needed.
- 15. Assist family with any questions concerning budget and distribute fiscal agent packet.

## **Appendix Forms 585-05-75**

**(Revised 12/1/08 ML #3159)**

[View Archives](#)

- SFN 394, Application to Services
- Level of Care
- SFN 393, Level of Need
- Approval of Application Services
- Case Assignment
- Case Plan/ASSIST
- Closure Form
- Flow Chart for Children with Medically Fragile Needs
- Starting Steps Flow Chart